



NEBRASKA

Special Emphasis Report: Infant and Early Childhood Injury, 2011

Injury is a Leading Cause of Death in Children

Childhood injuries are a serious public health problem in the United States and Nebraska. Unintentional injury is the leading cause of death in children 1-5 years old in Nebraska, and a major cause of poor health and disability.

In 2011, 16 Nebraska children between 0 and 5 years old died as a result of an injury. For every child who died, 12 children were hospitalized and 999 were treated and released from an emergency department. Not included were children who received treatment in physician offices or at home.

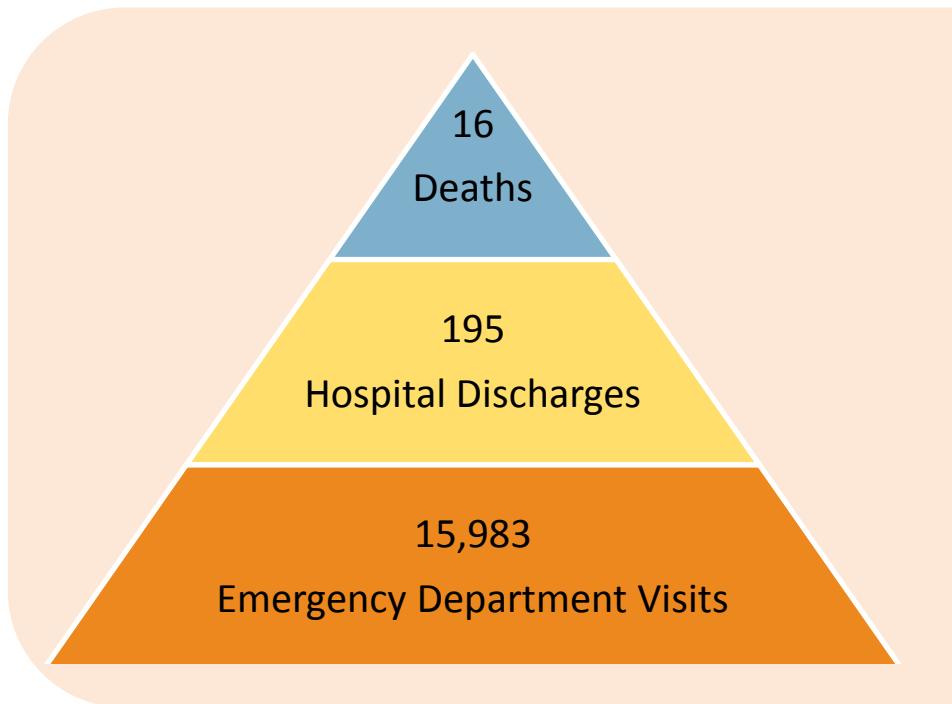


Figure 1: Annual Injuries among Children Ages 0-5 Years, Nebraska, 2011

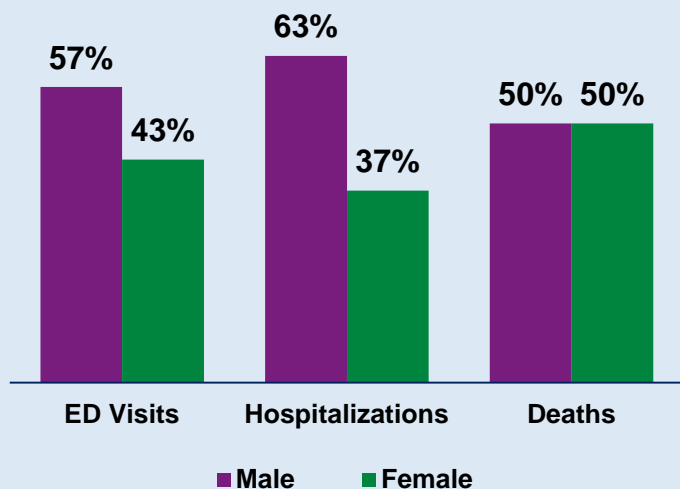


Figure 2: Percent of Injury Deaths, Hospitalizations and Emergency Department Visits among Children Ages 0-5 Years, by Sex, Nebraska, 2011

Childhood Injury by Sex

- Fatal injuries were suffered equally among boys and girls.
- Boys experienced more nonfatal injuries with 57% of emergency department visits, and 63% of hospitalizations.



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Injury Deaths in Infants, 2007-2011

NOTE: Due to the small number of deaths among children ages 0-5, Figure 3 and 4 show injuries from 2007 to 2011 for this age group.

- From 2007-2011, there were 43 injury deaths among children less than 1 year old.
- The leading cause of deaths among this age group was unintentional suffocation (44%), specifically suffocation in bed (28%) followed by homicide.
- Injuries from motor vehicle crashes, fire/burns, and poisoning were among other top causes of death among this age group.

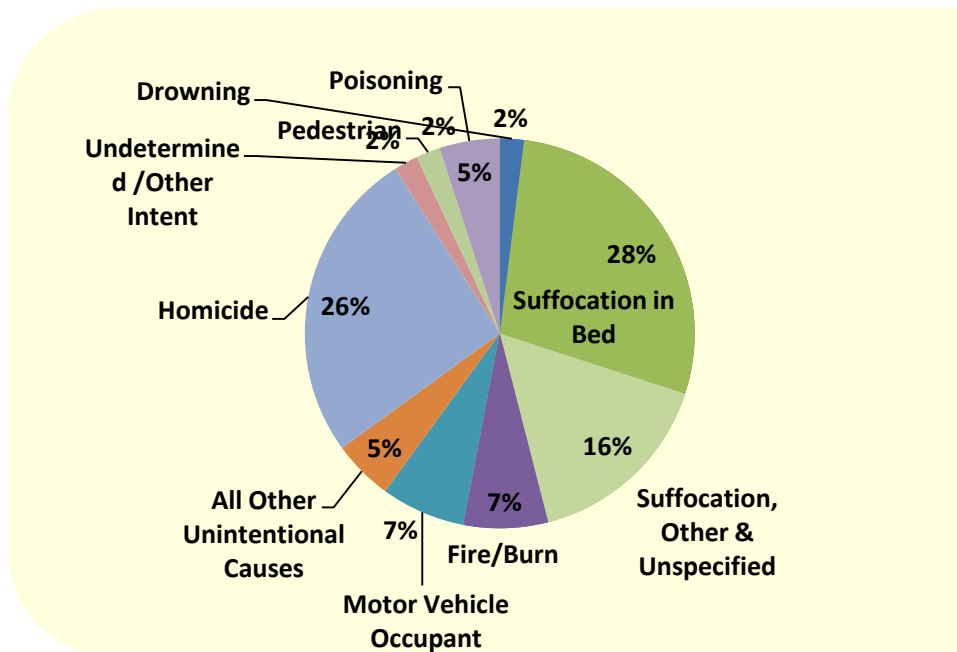


Figure 3: Injury Deaths among Infants Less than 1 Year, Nebraska, 2007-2011

Footnote: Falls at 0% not shown in graph.

Injury Deaths in Young Children, 2007-2011

- Between 2007 and 2011, there were 61 injury deaths among children ages 1 to 5 years.
- Drowning was the leading cause of injury deaths among children 1-5 years old (22%) in Nebraska.
- Additional causes of injury deaths among this age group include homicide, fire/burn and motor vehicle occupant.

Footnote: In bed suffocations at 0% not shown on graph.

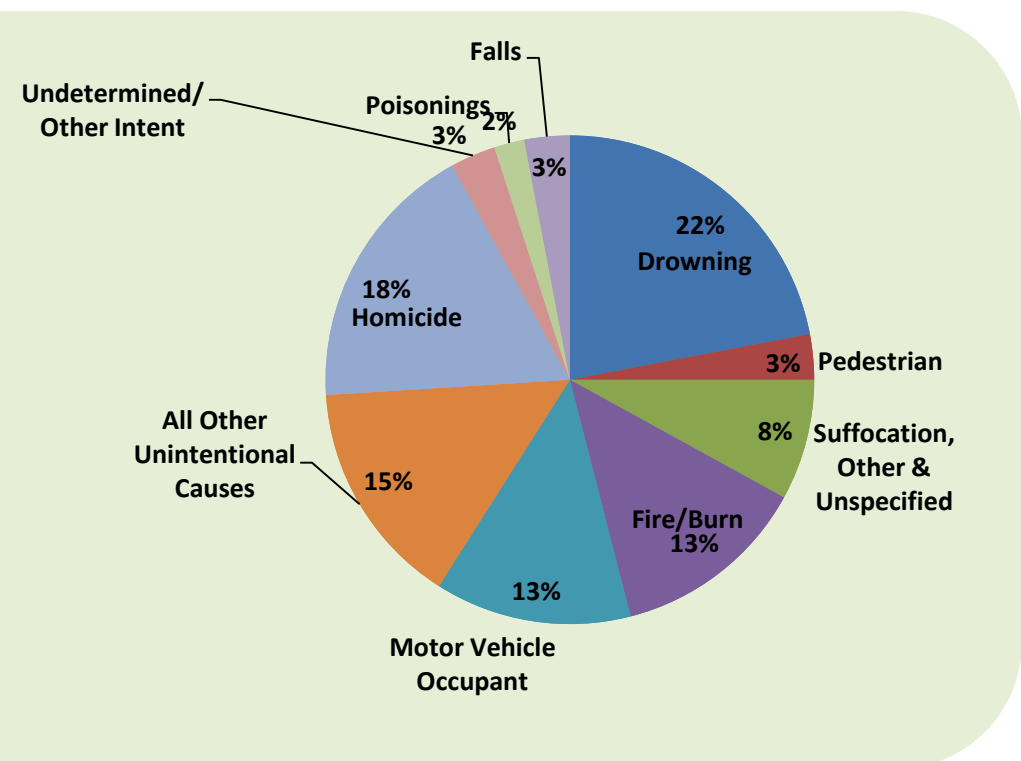


Figure 4: Injury Deaths in Children Ages 1 – 5 Years, Nebraska, 2007-2011



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Injury-Related Hospitalizations

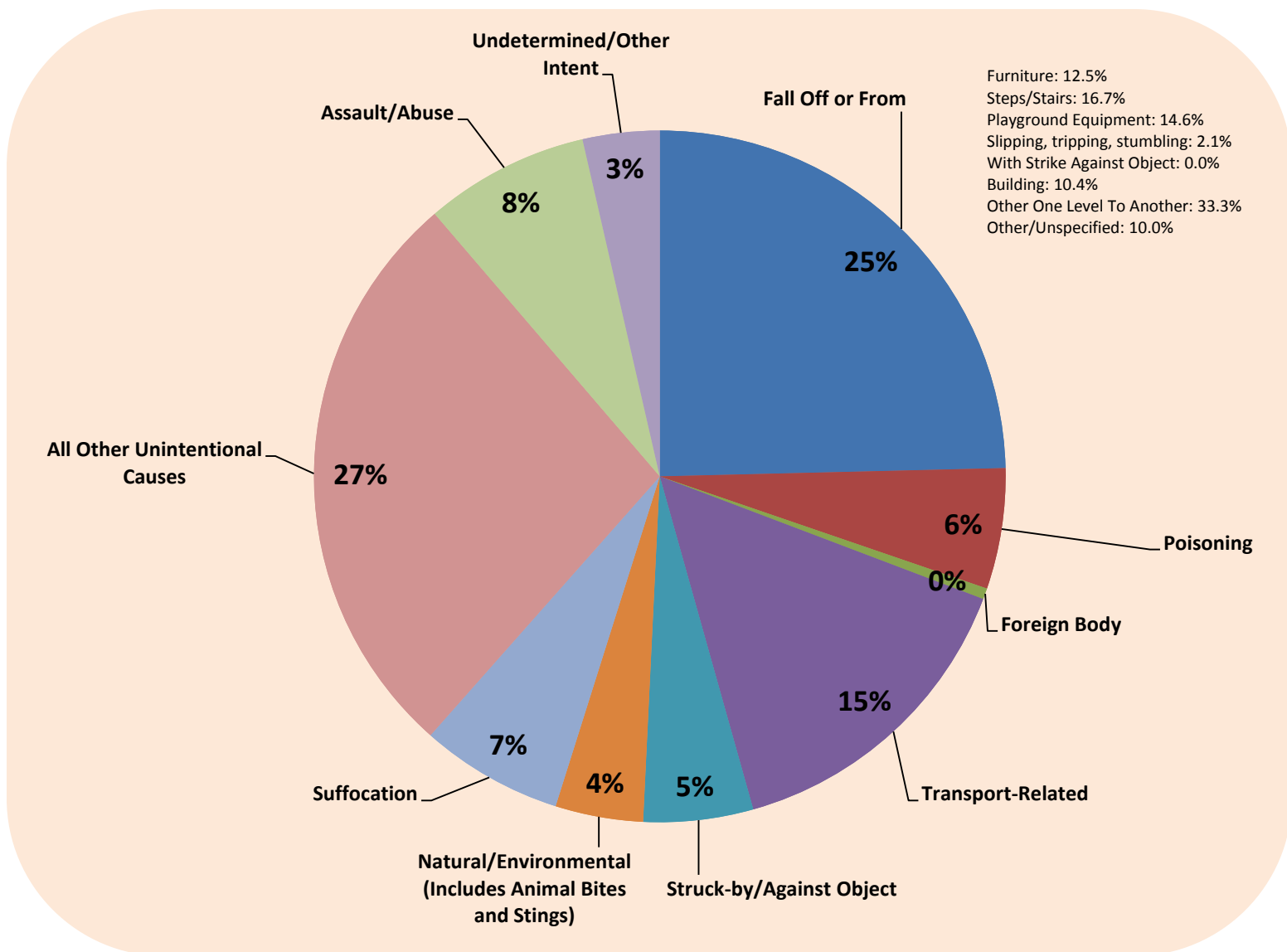


Figure 5: Injury-Related Hospital Discharges among Children Ages 0 – 5 Years, Nebraska, 2011

There were 195 injuries that resulted in hospitalizations among children ages 0-5 in Nebraska. From those, 55 occurred among children less than 1 year old and 140 occurred among children ages 1-5.

For injury-related hospital stays among children 0-5 years, unintentional falls were the leading cause of injury (25%). Most fall injuries were the result of a fall from one level to another (33%). About 17% of injuries were from falls from steps and stairs, about 15% were falls from playground equipment, and 12% were falls from furniture.

Fall was the leading cause of injury-related hospitalizations for both age groups, less than 1 year, and 1-5 years old.



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Injury-Related Emergency Department Visits

There were 15,983 injuries that resulted in an emergency department visit among children ages 0-5 in Nebraska. Of those, 1,508 occurred among children less than 1 year old and 14,475 occurred among children ages 1-5.

For injury-related emergency department visits, unintentional falls were by far the leading cause of injury (40%). Most fall-related emergency department visits were the result of a fall from furniture such as bed, sofa or chair (20%) and falls from slipping, tripping and stumbling (13%), followed by falls from one level to another (11%).

Fall was the leading cause of injury-related emergency department visits for both age groups, less than 1 year, and 1-5 years old and struck by or against an object was the second leading cause of injury related emergency department visits.

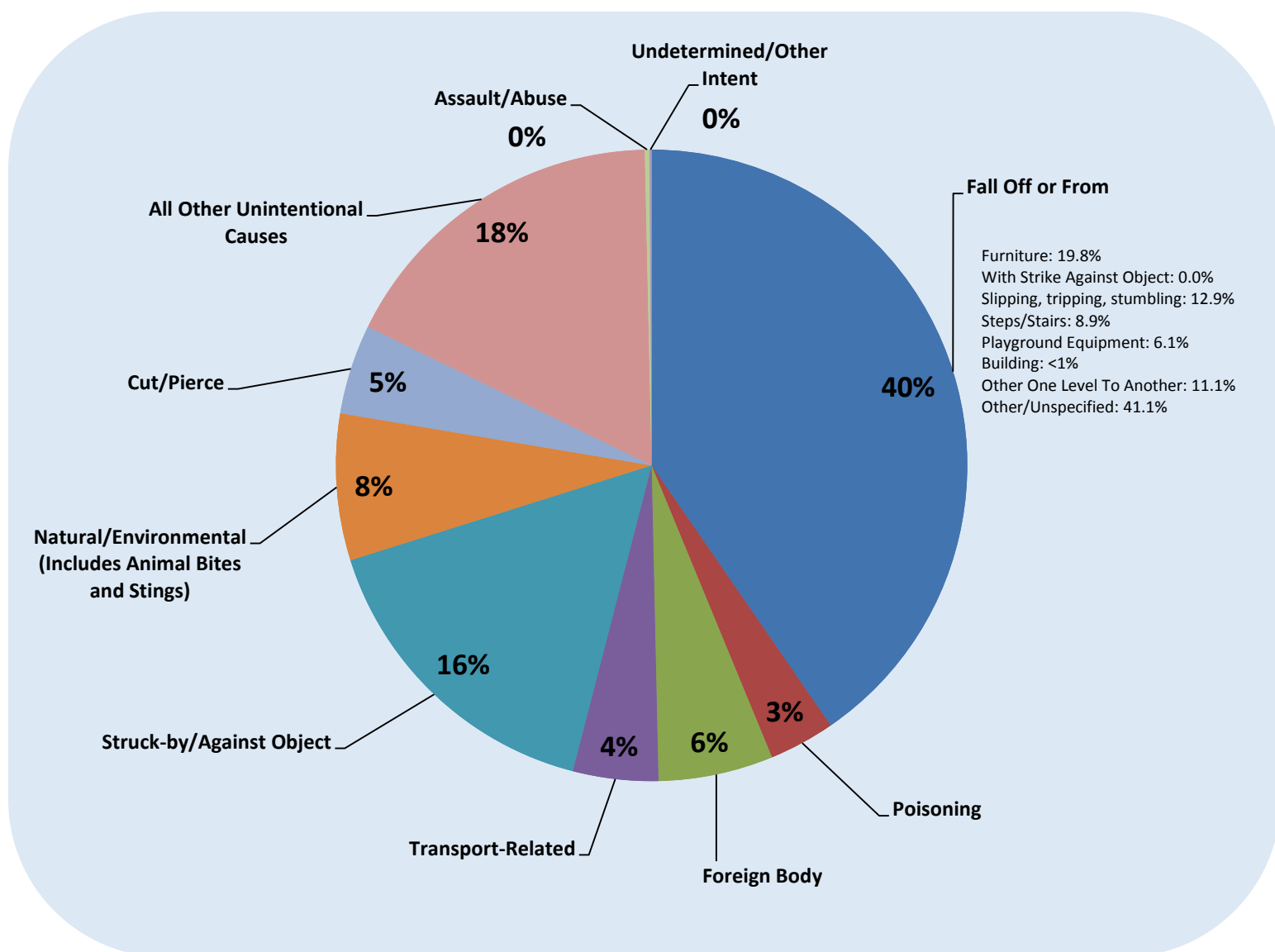


Figure 6: Injury-Related Emergency Department Visits among Children Ages 0 – 5 Years, Nebraska, 2011



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Table 1: Injury-Related Hospital Discharges and Emergency Department (ED) Visits among Children Ages 0 -5 Years, by Age Group, Nebraska, 2011

	Infants less than 1 Year		Children Ages 1-5 Years	
	Hospital Discharges	ED Visits	Hospital Discharges	ED Visits
Unintentional Injuries	41	1,497	132	14,431
Cut/pierce	0	36	2	698
Drowning/submersion	2	0	3	9
Falls (<i>off/from</i>):	12	693	36	5,764
Furniture	1	242	5	1,022
Steps/stairs	1	75	7	491
With strike against object	0	0	0	0
Slipping/tripping/stumbling	0	28	1	799
Playground equipment	0	4	7	385
Building	0	1	5	10
Other fall from one level to another	9	155	7	555
Other/unspecified	1	188	4	2,502
Fire/Burn	2	37	21	342
Foreign Body	0	82	1	858
Natural and Environmental	2	71	6	1,128
Excessive heat	0	2	0	11
Dog bites	1	21	4	247
Other bites/stings/animal injury	0	42	1	790
All other natural/environmental	1	6	1	80
Poisoning	0	50	11	489
Struck-by/against object	4	204	6	2,373
Suffocation	6	20	7	76
Transport-related	2	71	27	627
Motor vehicle (MV)-occupant	2	67	22	371
Bicycle/tricycle (MV & non-MV)	0	0	1	154
Pedestrian (MV & non-MV)	0	0	0	11
Other transport	0	4	4	91
All other unintentional causes	11	233	12	2,067
Assault/Abuse	8	7	7	30
Undetermined/Other Intent	6	4	1	14
Total Injury-Related Cases	55	1,508	140	14,475



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Nebraska Child Injury Prevention Activities

The Nebraska DHHS Injury Prevention and Control Program (IPCP) works closely with partners across the state to reduce the rate of injury among children in the state. The IPCP provides support to 14 Safe Kids Nebraska coalitions and chapters to develop and implement safety education and awareness campaigns, distribute safety devices and hold local events.

The IPCP worked with the DHHS Licensure Unit to implement new regulations that require child care providers who transport children to complete a child passenger safety training. IPCP staff developed the curriculum and conducted 'train the trainer' sessions with child passenger safety technicians statewide. In addition, IPCP provides statewide technical assistance to 375 child passenger safety technicians; works with local health departments to promote child passenger safety at the local level; partners with the Nebraska Office of Highway Safety to hold four child passenger safety trainings per year and an annual child passenger safety technician update; collaborates with the Cornhusker Motor Foundation on child passenger safety education efforts and partners with the Nebraska Brain Injury Association to raise awareness about the symptoms and consequences of concussions and evaluate the effectiveness of the Concussion Awareness Act. Finally, DHHS' Division of Maternal, Child and Adolescent Health Program sends out a safe sleep educational brochure to agencies and facilities (local health departments, insurance agencies, hospitals) across the state.

Nebraska - Maternal, Infant, Early Childhood Home Visiting (N-MIECHV)

The N-MIECHV program includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant women or children birth to age 5.

Through the home visiting program, nurses, social workers, or other trained home visitors meet with at-risk families in their homes, evaluate the families' circumstances, and connect families to the type of assistance that can make a difference in a child's health, development, and ability to learn.

N-MIECHV oversees evidence-based home visiting programs that are supported by federal MIECHV formula and development funds, State General Funds and Title V MCH Block Grant funds. There are sites all over the state of Nebraska. The Panhandle program in Box Butte, Morrill and Scotts Bluff counties is beginning its 3rd year of operation; West Central in Lincoln County is beginning its 1st full year of implementation; Lincoln-Lancaster County has been offering home visiting services since 2008 and will be going through accreditation in the coming year; Douglas County is launching their first evidence-based home visiting program in the coming year; Visiting Nurse Association in Douglas County and Pottawattamie County, IA is taking steps to becoming evidence-based and have an innovative program that also focuses on mental health; Southeast District in Nemaha and Richardson Counties is moving toward evidence-based practice. Northeast Nebraska Community Action Partnership is also moving its very successful home visiting program up to evidence-based practice—they have a unique system of Centralized Intake that covers the needs of at-risk families in 14 different counties. Please visit dhhs.ne.gov/homevisiting for more information.

Notes: Data sources Nebraska Vital Statistics 2007-2011 and Nebraska Hospital Discharge Data 2011

All injuries are considered unintentional unless specified otherwise. Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.